MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-008954

1593 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED FILED FEB 19 1963

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. _____

VS 300 Rev. 4/59

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	22	12½	
3			
4	1		
5	2		
6			
7	1		
8	2		
9	9		
10	5		
11			
12	74-0		
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74

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. John's Hospital — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY:
c. CITY OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1426a Monroe — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First AMANDA C Middle A. MARIE Last LANGE

4. DATE OF DEATH: Month 2 Day 12 Year 63

5. SEX: F

6. COLOR OR RACE: W

7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]

8. DATE OF BIRTH: 1-30-02

9. AGE (last birthday): 61

IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): New Baden, Ill.

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: John William Yost

13b. MOTHER'S MAIDEN NAME: Sarah Ellen Lollis

14. NAME OF HUSBAND OR WIFE: Joseph

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Joseph Lange, 9602a Roosevelt Ellsworth AFB, So. Dakota.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 465+

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic cystitis - Catatonic Schizophrenia

PART III. If deceased was female was there a pregnancy in last 90 days. Yes [ ] No [X] Unknown [ ]

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-25-63 to 2-12-63 and last saw her/him alive on 2-12-63
Death occurred at 2 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ronald M. Turner, M.D.

22b. ADDRESS: 307 S. Euclid St. Louis

22c. DATE SIGNED: 2-13-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 2-16-63

23c. NAME OF CEMETERY OR CREMATORY: Resurrection Cemetery

23d. LOCATION (City, town, or county) (State): New Baden, Ill.

24. FUNERAL DIRECTOR ADDRESS: Albert H. Hoppe, Inc., 4790 Washington Blvd.

25. DATE RECD. BY LOCAL REG.: FEB 13 1963

26. REGISTRAR'S SIGNATURE: Boad Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed J Harvey Kahle

Signature of Student Embalmer

Licensed Embalmer No. 4596

P. O. Address St Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.